

FEDERAL JUDICIAL BRANCH  
APPLICATION FOR EMPLOYMENT

If you need additional space, continue under "Remarks" listing item number

1. Name (Last, First, Middle Initial)	2. Phone Number
3. Present Address (Street, City, State, Zip)	
4. Email Address	
5. Other Names Previously Used for Employment Purposes	6. Date of Birth (complete only for law enforcement positions)

GENERAL

7. Are you a U.S. Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, give the Country of your citizenship
8. a. Were you ever a federal civilian employee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give highest civilian grade: / / Pay Plan Grade Step
b. Are you receiving a federal civilian annuity payment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
c. Are you receiving federal severance pay?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give former agency contact/telephone:
d. Have you received a federal separation incentive payment in the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, state mo/yr received and former agency contact/telephone:
9. Do you have any relatives who are Judges, Officers or employees of the United States Courts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give their names, positions, and relationships to you.
10. Have you ever served on active duty with the military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(If selected, you will need to provide your DD-214 (copy 4), Certificate of Release or Discharge from Active Duty, so that your service may be verified and credited)

BACKGROUND INFORMATION

For questions 11, 12, and 13, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16<sup>th</sup> birthday, (3) any violation of law committed before your 18<sup>th</sup> birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

11. During the last 10 years, have you been convicted, imprisoned, on probation, or on parole? (Include felonies, firearms or explosives violations, misdemeanors, and all other offenses)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of police dept or court.
12. Have you been convicted by a military court-martial in the past 10 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of military authority or court.
13. Are you now under charges for any violation of law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of police dept or court.
14. During the last 10 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 19 the date, explanation of problem, reason for leaving, and employer's name/address.
15. Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans (e.g., student loan, home mortgage loan)).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 19 the type, length, and amount of delinquency/default, and steps being taken to correct the error/repay the debt.

EDUCATION

16. a. Do you have a high school diploma or G.E.D. equivalent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, Date of Completion
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## JOB RELATED SKILLS, AWARDS, SPECIAL ACCOMPLISHMENTS

## APPLICANTS FOR LEGAL POSITIONS

Is your Bar membership	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	
b. What was your scholastic standing in law school?	<input type="checkbox"/> UPPER ½	<input type="checkbox"/> UPPER ⅓	<input type="checkbox"/> UPPER ¼
c. Were you a member of an editorial board of law review or a	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**19. REMARKS** (Use this space for continuation of answers. List the item number being explained.)

# WORK EXPERIENCE

(Start with your present position and work back 10 years. Include any military service. Use additional page if necessary.)

**A**

Dates of Employment (mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
From: To:		
Salary or Earnings	Pay Plan/Grade (If in federal Service)	Place of Employment
Starting \$ Per		City
Final \$ Per		State
Name and Title of Immediate Supervisor		Name and Address of Employer (firm, organization, etc.)
Business Telephone: (Area Code and Phone Number)		
Reason for Leaving		
Description of Work		

**B**

Dates of Employment (mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
From: To:		
Salary or Earnings	Pay Plan/Grade (If in federal Service)	Place of Employment
Starting \$ Per		City
Final \$ Per		State
Name and Title of Immediate Supervisor		Name and Address of Employer (firm, organization, etc.)
Business Telephone: (Area Code and Phone Number)		
Reason for Leaving		
Description of Work		

C

Dates of Employment ( <i>mm/dd/yyyy</i> )  From:                      To:	Number of hours worked per week:	Exact Title of Your Position
Salary or Earnings  Starting \$                      Per Final \$                      Per	Pay Plan/Grade ( <i>If in federal Service</i> )	Place of Employment  City  State
Name and Title of Immediate Supervisor	Name and Address of Employer ( <i>firm, organization, etc.</i> )	
Business Telephone: ( <i>Area Code and Phone Number</i> )		
Reason for Leaving		
Description of Work		

D

Dates of Employment ( <i>mm/dd/yyyy</i> )  From:                      To:	Number of hours worked per week:	Exact Title of Your Position
Salary or Earnings  Starting \$                      Per Final \$                      Per	Pay Plan/Grade ( <i>If in federal Service</i> )	Place of Employment  City  State
Name and Title of Immediate Supervisor	Name and Address of Employer ( <i>firm, organization, etc.</i> )	
Business Telephone: ( <i>Area Code and Phone Number</i> )		
Reason for Leaving		
Description of Work		

**APPLICANT CERTIFICATION**

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**List three (3) friends, co-workers, or neighbors (not listed in the employment section) with telephone number.**  
**DO NOT LIST RELATIVES**

(This list will be used to voucher your character)

1. 

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2. 

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3. 

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